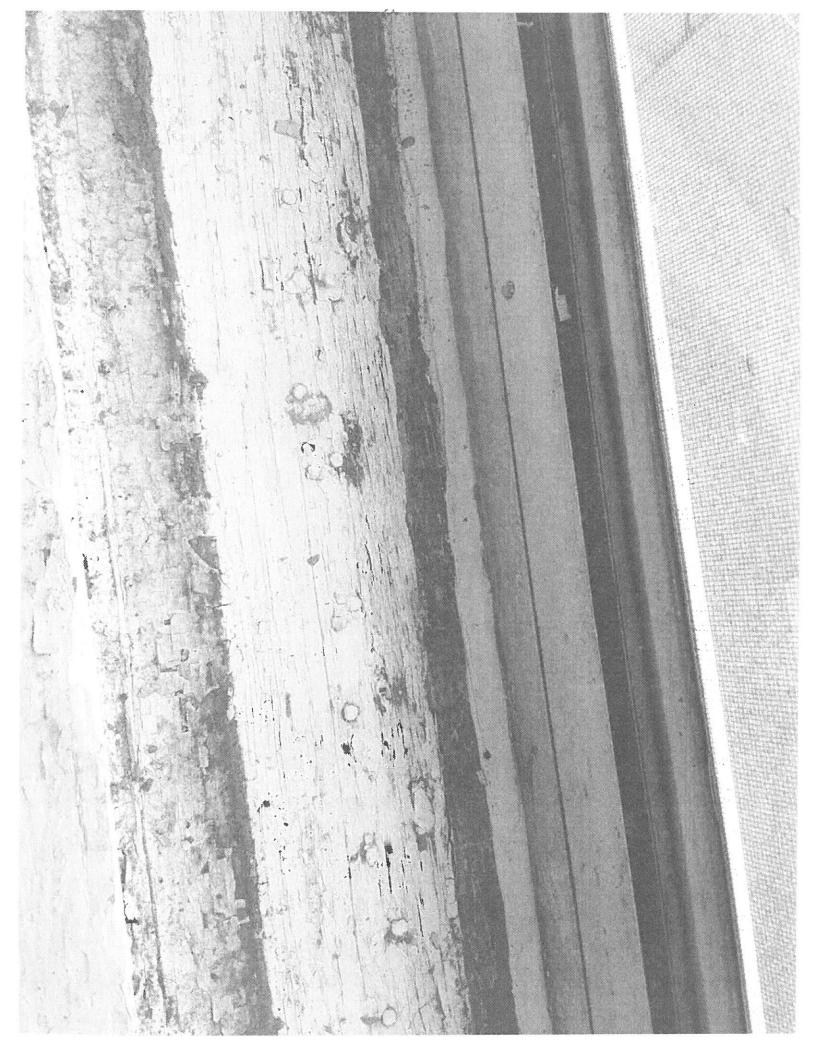
U.S. Departn	nent of Labor,	Emplo	yment a	nd Trainin	EMPLOYER'S NAME AND ADDRESS									
	ING AND EM DYER FURI	VISHE	D HO		Tri-County Electrical Contractor, LLC 27469 Florida Rd. Center, MO 63436									
2. HOUSING			aciions o	n Reverse)				***************************************						
***	erson Stree	et					3. HOUSING DESCRIPTION House							
										§				
4. SLEEP ROC (No. & Measi			Pormitory Type			<u> </u>	b. Fa	l mily Type						
Length	ure) 1		2	3	4	1	2	3	4	ES USE	: ONLY			
***************************************					************	11'4	12'11	15'5	*************************	5. CAPACITY 8				
Width	***************************************					13'4	12'8	11'16		6. REGULATIONS CON ("x" proper box)		No		
Ceiling Heigl	nt			Appendix (V) V)		8	8	8	***************************************	Water		No.		
Square Feet						152.76	155	172.00		Electricity				
No. of Room	s					1	1	1	***************************************	Site				
No. of Beds, Single					****************	2	3	3	******************	Screening	X I			
No. of Beds of Bunks, Doub	le				***************************************		***************************************		**************************************	Heating				
7. FACILITIES		ich)				J	***************************************		********	damana				
Flush Toilets	Privy		Urinals		L	av. or Was	hbasins	Showerhea	ıds					
2			- Constitution of the Cons		**********			2						
Bathtubs	Movable Bathtubs Laundry machines				F	ixed laundr	v tubs	Movable laundry						
2	to more and Applications		1				•		undry					
Cook Stoves	Refrigerator	S	Garbage containers Fi			First-aid Kits		Fire Extinguishers						
1	1		1			4		(No. & type)						
8. COMMENTS		***************************************				***************************************	***************************************	1				*******		
1 dryer on	-site													
escape la	der on 200	floor												
Used	ETA R	S	407	ft per	Pe	rison	50-5	ft per	pers	n single				
9. EMPLOYER'S	CERTIFICAT	ION:	***************************************	***************************************	***************************************	**************************************	***************************************	PV-v-/	***************************************		***************************************			
the housing de	FY THAT I ha scribed herein	ve revie	wed the	housing red	gulat mee	ions of the	U.S. Dep	partment of Li	abor, U.S	S. Training and Employme esentatives of the State Er	ent Service, and tha	ıt		
office and/or E Employer's Signa	mployment an	d Traini	ng Admi	nistration r	gion	al office to i	nspect t	ne above hou	using at a	esentatives of the State Er any reasonable time.	mployment Service			
-100 S	Ty								Typed Name and Title Date					
10. HOUSING IN	SDECTED D	2			***************************************	LYQ	M	OWY	es,	President	4/23/19	,		
Signature of Auth		: Joye	ce Hahn	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	-		Section Annual Control of the Contro	***************************************	*					
Joyce 9	. / .						Name ar	nd Title hn, Program Coordinator			Date			
1 APPROVAL:	Housing appr	oved fo	or occurs	ancy by wa	-k nr-			iii, rrogr	am Co	ordinator	4/23/19			
Signature of Author	orized Official		- cocupi	arioy by WO	neis	***************************************	iterstate. Vame an	d Title						
Joyca of	ahn					1			am Co	ordinator	Date	PARADOCONANA		
	A Marian							Joyce Hahn, Program Coordinator 4/23/19						









Missouri Division of Workforce Development

April 23, 2019

Tri-County Electrical Contractor, LLC 27469 Florida Rd Center, MO 63436

Housing Location: 207 Jefferson St., Perry, MO

Job Order Number: 12613980

Number of Workers: 8

Dear Ms. Barnes,

It was good to meet with you on April 23, 2019 to inspect the housing located at 207 Jefferson St., Perry Missouri 63462.

The housing required some replacement of windows, etc.

- 1. Caulk any windows that require it
- 2. Bedroom #1 needs 1 window pane replaced
- 3. Bedroom #2 needs 2 window panes replaced
- 4. Gutters need cleaned out
- 5. Send pictures of all repairs.

Please contact me with any questions you might have. Thank You.

Sincerely,

Joyce Hahn FLC Coordinator

oyce Hahn

421 E. Dunklin Street • P.O. Box 1087 • Jefferson City, MO 65102-1087 (573) 751-3999 • Fax (573) 751-8162

Budget Bureau No. 44-R1358 EMPLOYER'S NAME AND ADDRESS U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE Marin J. Corporation **EMPLOYER FURNISHED HOUSING AND FACILITIES** 2148 North Torrington Rd. Avon Park, FL 33825 (See Instructions on Kennese) 2 HOUSING LOCATION 3 HOUSING DESCRIPTION 4348 State Hwy C Wood Frame House Senath, MO 63876 4 SLEEP ROOMS Dominacy ES USE ONLY (No. & Mesaure 3 Length . CAPACITY 11'11 10'10 0 (Adulta) Width 8. REGULATIONS COMPLIANCE 174 107 120 (* proper box) Ceifing Height 0 8 8 M Wester Square Feet 197.75 103 02 235.63 Electrica No. of Rooms Site No of Beds 2 Screening Single No. of Beds or 2bks Bunks, Double Heating 7. FACILITIES (Number of each) Flush Toilets Privy Umnais Lev or Washbasins Showerheads * Asthh.he Movable Bathtubs Laundry machines Fixed laundry tube Moveble laundry Cook Stoves Refrigerators Garbage containers First-aid Kits Fire Estinguishers (No. & type) 4 3 1abc 8. COMMENTS Centralized building with 2 washmachines and washlines. Dumpster at farm for disposal of trash. Used OSHA regulations 50 sq ft per person. 9 EMPLOYER'S CERTIFICATION I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets of the State Smployment Service. Thereby authorize representatives of the State Employment Service office and/or Engagment and Tylinging Administration regional office to inspect the above housing at any reasonable time. Employer's Sidneture Typed Name and Title Contra in Comes President 4/30/19 10 SOUSING ASPECTED BY: Joyce Hahn Signature of Authorized Official Typed Name and Title Ondo Joyce Hahn, Program Coordinator 4/30/19 11/AB/ROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Typed Name and Title Onte ica Hakn Joyce Hahn, Program Coordinator 4/30/19

									040		4-813
U.S. Departm U.S. TRAINE EMPLO	NG AND E	MPLOYN RNISHE		ICE IG AND			Marin 2148	J. Con North T	AME AND ADDRESS Corrington Rd. L 33825		
2. HOUSING L	OCATION	: XXX E : XXX F 7 40	C 141.414 (7) (CC 1)		-Marriago constituto de sistema de la constituto de la co	***************************************	3. HCUSII	un negn	POTAN	909099	•••
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4. SLEEP ROO	1		an grande and a second					ES UNE	ONLY	der obsessivation	
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No. of Room				1	1	1	1	1	Site	Ø	C
No. of Beds, Single					2		4	1	Screening	\boxtimes	C
No. of Beds Bunks, Doub				2 bks	1	3 bks		1 bk	Hosting	図	-
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2											
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1	and the state of t		1								
Cook Stoves	Refriger	ators	Garbege containers Fire			Kito	Fire Extinguinhers (No. & type)				
2	2		3		1	4		per) ;			
the housing t	r for disp alarms HA regu 'S CERTIFI TIFY THAT described	lations 5	irash. i0 sq ft pe	ose not n	DF1. Usations of reset such a	the U.S. Destandants	parlment (thorize res	I.S. Training and Employmensentatives of the State Et any resentatives of the State Et any researchible time.	ent Service, an mployment Se	d th
mployer s rig	Larramonomorphism		wl		Ty	ped Name	and Tite	annennen in a llebe r auch be	Correz Preside	Oate 4/30/19	
RO KOUSING	MSPECTE	DBY: Jo	yce Hahn	Piryaudhahaddigessidelinan	ar annies se de la company	British Kamil Ayo 1966	energy - The sale	um i Vindalada			
lignature of Au	1			erroi-iroidaide redomini		ped Name :		CONTRACTOR		Deta	
JOYCA	Hahn			pingkobbogs vinggesocoben-		Joyce H	ahn. Pro	ogram (Coordinator	4/30/19	
/ASPROVAL			for occupanc	y by won						Park -	
Signature of Au	thorized Off					ped Name		norman d	Coordinator	Date	
The state of the state of	19 1 1 M m					JUYUU M	atiti. Pit	mai dilli 1	WHITIAIN	4/30/19	

Hahn, Joyce

From:

Hahn, Joyce

Sent:

Monday, April 22, 2019 9:47 AM

To:

'Jorge Marin'

Subject:

RE: Housing @ 4348 State Highway C., Senath, Missouri

Thanks for the pictures. I will probably be there around 1:00-1:30 on April 30th. Another thing that was brought to my attention is that every housing needs either a wash machine or wash tube and dryer or laundry line outside for drying in each housing unit. If you don't have those things they will need to be in place as well. Let me know if you have any questions. Thanks

From: Jorge Marin

Sent: Saturday, April 20, 2019 4:40 PM

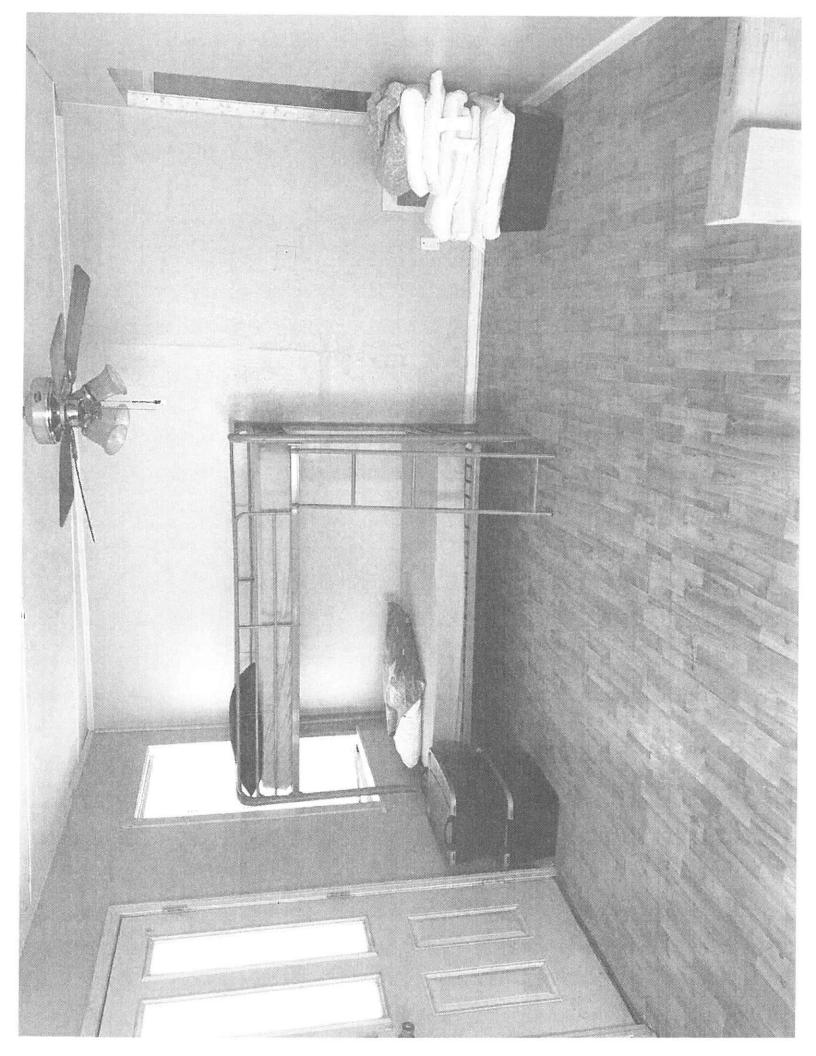
To: Hahn, Joyce

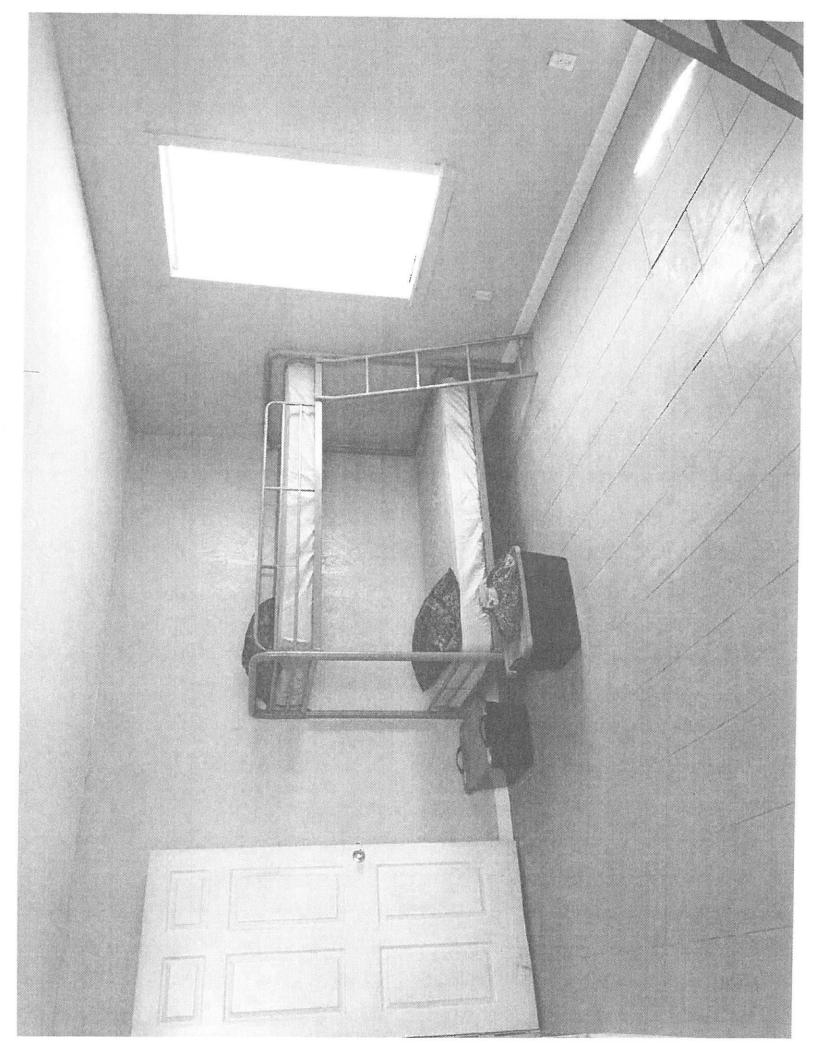
Subject: Housing @ 4348 State Highway C., Senath, Missouri

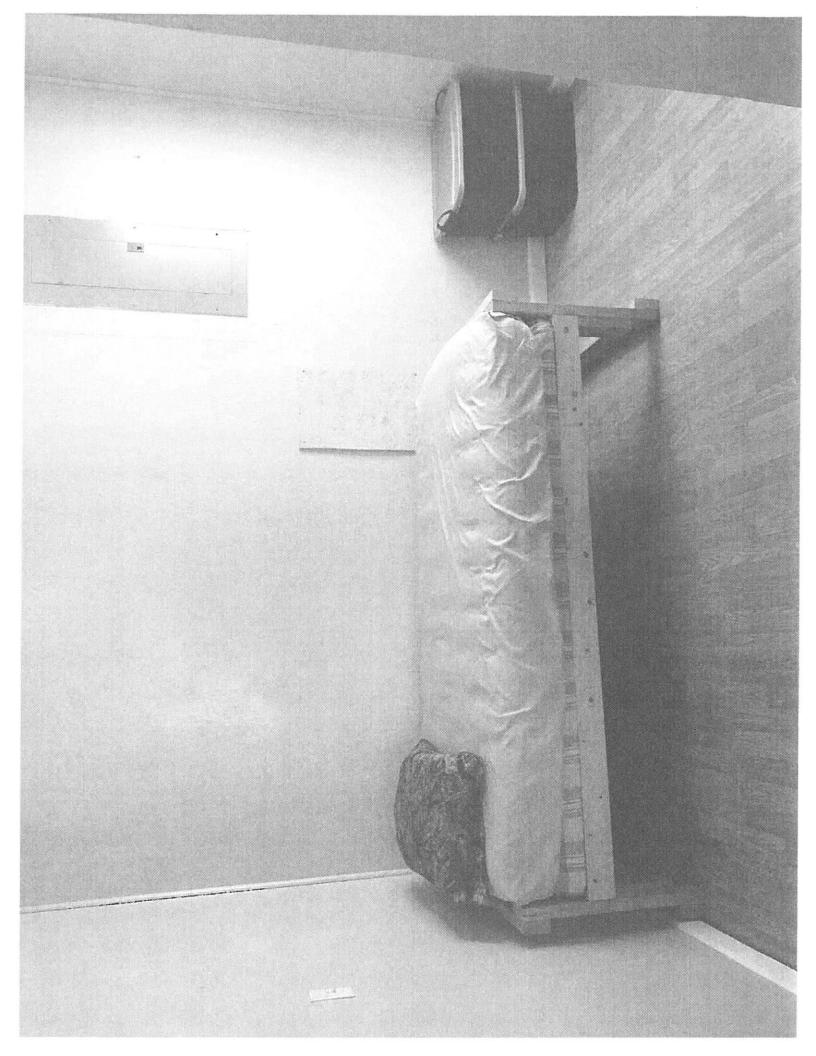
Mrs. Hahn,

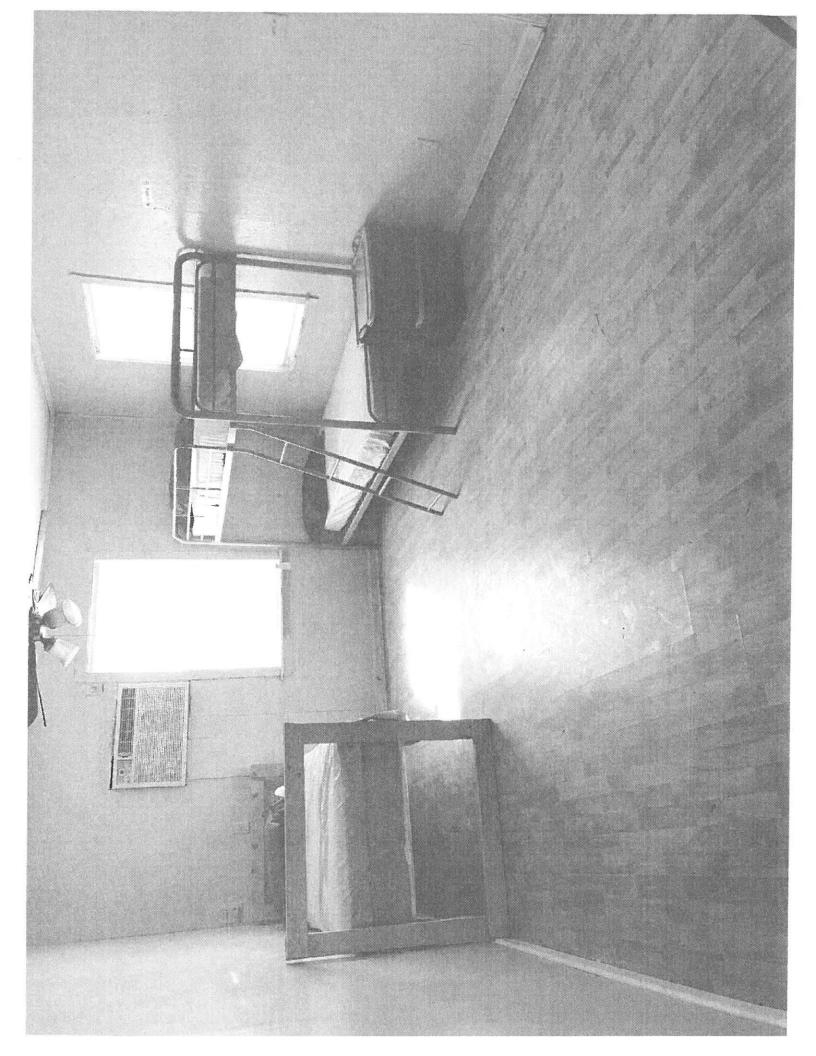
Please see the attached pictures of the beds that I have placed in the bedrooms at 4348 State Hwy. C. in Senath, Missouri. Please let me know what time you will be going on 04/29/2019, so that I can have someone open the home for you to do the re-inspection.

Thank You, Jorge J. Marin President Marin J. Corp.









U.S. Departmen U.S. TRAININ	nt of Labor, I G AND EMI	Employ	ment and Trai	ning Ac	EMPLOYER'S NAME AND ADDRESS AR Construction								
	ER FURN	IISHEI	D HOUSING	3 AND	ES	PO Box 1171 Hooker, OK 73945							
2. HOUSING LO		***************************************			***************************************		3 HOUSE	NO DECO	DIDTION				
1405 N. 28 Bethany, M		ļ						e Home	SCRIPTION me				
4. SLEEP ROON (No. & Measure		a. Do	ormitory Type	······································		***************************************	nily Type	***************************************	ES USE ON	VLY	************************		
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Width			***************************************	•	9'1	9'2	14'9		(Adults) 6. REGULATIONS COMPLIA ("x" proper box)	ANCE Yes	No		
Ceiling Height				•	8	8	8		Water	\boxtimes			
Square Feet				•	103,4	83,7	16%,	18	Electricity	\boxtimes			
No. of Rooms			i Manaananan		1	1	1		Site	\boxtimes			
No. of Beds, Single					2	7777/07/00/00/00/00/00/00/00/00/00/00/00	1		Screening	\boxtimes			
No. of Beds or Bunks, Double		-				1bk	1bk		Heating	\boxtimes			
7. FACILITIES (I	Number of ea	ch)		h	***************************************	***************************************		·Å		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	*************		
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Pathtubs 2	THE CHARGE MACHINES		Laundry machines		Fixed laundry tubs		Movable laundry tubs						
							•						
Cook Stoves	9		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)						
8. COMMENTS				***************************************		00900909090000000000000000000000000000					******************		
ETA	Rogs	use	A 40	1 Ct	per bu	nK	504	A Siv	igle	*			
office and/or Er	FY THAT I ha scribed herei mployment ar	ave revie	neets doi	es not m	eet such star ional office to	ndards. I inspect t	hereby au the above	thorize ren	S. Training and Employment stressentatives of the State Emplo	Service, and oyment Sen	I that vice		
Employer's Signal			Турес	Name a				Pate 1/8/19	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA				
10. HOUSING IN	SPECTED B	Y:	***************************************	***************************************	······································			***************************************			***************************************		
Signature of Author		<u> </u>		***************************************	Турес	d Name a	nd Title	***************************************	To the state of th)ate	x		
····	Hahn	***	000000000000000000000000000000000000000	***************************************	<u></u>	Manage of the Control		n, Program Coordinator 4/8/19					
			or occupancy	by work		*************							
Signature of Author						Name a		722)ate			
Joyca 9	***************************************		Jo	Joyce Hahn, Program Coordinator 4/8/19									

U.S. Departme	ent of Labor, I	Employ	ment and Tra	ining A	dministration	•	1. EMPLOYE	ER'S N	Budget B AME AND ADDRESS	ureau No. 4	4-R135		
U.S. TRAININ	G AND EMI	PLOYN	MENT SERV	ICE			AR Con						
EMPLO			D HOUSIN		FACILIT	IES	РО Вох		5				
2. HOUSING L		ee Instri	uctions on Reve	rse)	~~~	***************************************	Hooker,	, OK	73945				
							3. HOUSING	DESC	RIPTION	***************************************	***************************************		
1110 S. 6 Bethany,		ļ					Mobile Home						
4. SLEEP ROOM	//S	a. D	ormitory Type	**************************************		h Ear	nily Type	************************	~	***************************************	***************************************		
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Width	~ *************************************		***************************************		13'11	10'11		************************	6. REGULATIONS COMPLIAN ("x" proper box)		NI-		
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Square Feet		***************************************			174	92			Electricity	***************************************			
No. of Rooms	***************************************							*******************************					
No. of Beds,	******************************	-				************************	-	***************	Site				
Single No. of Beds or	-					******	<u> </u>	**************************************	Screening	\boxtimes			
Bunks, Double				****	2 gK	1 <i>1</i> / / /	-		Heating				
7. FACILITIES (Privy	ch)		······································		***************************************				MARKON I FORESCHARAGE AND	***************		
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3athtubs	ubs Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry						
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Cook Stoves	Refrigerators	S	Garbage cor	tainers	First-aid Kits	3	Fire Extinguishers						
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ETA R	egs us	ed	404	t pe	r bunk	·	50ft p	lev :	single				
9. EMPLOYER'S	CERTIFICAT	ION:		***************************************		000000000000000000000000000000000000000	***************************************			200000000000000000000000000000000000000			
office and/or Er	nployment an	ve revie m d Train	ewed the hous neets do ing Administra	ing regues not m ition reg	lations of the eet such stan ional office to	U.S. Depoted of the second of	partment of La hereby authori he above hour	ibor, U. ze repr	S. Training and Employment Se esentatives of the State Employ any reasonable time.	rvice, and ment Serv	that rice		
Employer's Signat	ure	***************************************			Typed	Name a	nd Title	onig at	Da	te			
Em avin					Pres.				· ·	8/19			
10. HOUSING IN:		' ;		***************************************	***************************************	***************************************	**************************************	****************		UI 1 U			
Signature of Author	11		***************************************	***************************************	Typed	Name a	nd Title	***************************************	Da	te			
- JOYCE 9			***************************************		Jo	Joyce Ha		am C	Coordinator 4/8/1				
MAPPROVAL:	Housing app	roved fo	or occupancy	by work	ers recruited i	nterstate	*	***************************************					
Signature of Autho					3	Name a			Dat	le			
Joyca Hahn				·	Jo	усе На	hn, Progra	am Co	pordinator 4/8	8/19	***************************************		